



Docket No. 1472/78247/JPW/LAD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Christoph Hock et al.

Serial No. : 10/554,314 Examiner: Chang Yu-Wang

Filed : April 19, 2006 Group Art Unit: 1649

For : METHOD OF MONITORING IMMUNOTHERAPY

Mail Stop **RCE**
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 29, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	13 -	* 20 =	*** 0 X	\$25	\$50	=		\$0
Indepen- -dent Claims	2 -	** 3 =	*** 0 X	\$105	\$210	=		\$0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				\$185	\$370	=		\$0
				TOTAL ADDITIONAL FEE \$				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)

 X A Petition for an Extension of Time, including a fee of
\$ 120.00 for a Petition for 1 Month(s) Extension of Time

 X Other (identify): Request For Continued Examination, Copies of
references (Exhibits 1-4), Copy of Form PTO 1449
(substitues) submitted May 6, 2008 (Exhibit A)

THE TOTAL FEE DUE IS \$ 930.00.

 X A check in the amount of \$ 120.00 is enclosed.

 X Please charge Deposit Account No. 03-3125 in the amount of
\$ 810.00 (RCE FEE)

 X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

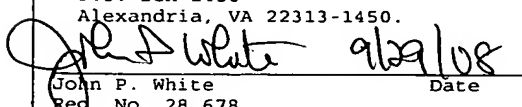
 X Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
 X Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



John P. White
Registration No. 28,678
Attorney for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this
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 9/29/08
John P. White Date
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